

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		IND.	O.F.P.	IND.	O.F.P.
	IND.	O.F.P.	IND.	O.F.P.	IND.	O.F.P.				
1							61			
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TOTAL IND.	5						TOTAL IND.			
TOTAL O.F.P.	17						TOTAL O.F.P.			